

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03121

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot County
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 48 day
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
 How long in hospital or institution? 48 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Talbot
 City or town Exford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Lelia Blade

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mr. George Blade
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept 28, 1882

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Leesburg, Virginia
 (Town, county, and state)

10. Usual occupation N.W.

11. Industry or business _____

12. Name George P. Lantry

13. Birthplace Virginia

14. Maiden name Abnelia S. Lantry

15. Birthplace Washington D.C.

16. Informant Mr. George Blade

Address Exford, Md.

17. Burial Date thereof 3/20/48
 (Burial, cremation, or removal: Which?) (month) (day) (year)

Cemetery or crematory Exford

Location Exford, Md.

18. Funeral director Wm. E. Newcomb

Address Easton, Md.

19. 3/18 48 N.H. Nevins
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 - 19 48, at 220 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 19 _____, to 3/17/1948

and that I last saw him alive on 3/17/48 19 _____

Immediate cause of death _____ DURATION _____

Chronic bilateral nephritis 3 yrs

Due to arteriosclerosis, generalized 3 yrs

Due to _____

Other conditions Diabetes mellitus _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. E. Newcomb M. D. or other _____

Address Easton Date signed 3/19/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03122

Evidence for change of age

shown on:

FILM No. G 114 APR 6 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Hannie Collins

3. (b) Social Security Number

212-14-2737

4. Sex F 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widow
6.(b) Name of husband or wife George Collins
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 14, 1870
8. AGE: Years 77 Months 78 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Somerset County Md
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Arthur Sterling

13. Birthplace Somerset Co.

14. Maiden name Hannette Henry

15. Birthplace Somerset Co.

16. Informant Etta Hall

Address Oxford Md

17. Burial Date thereof Mar 29 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Oxford neck

Location Talbot Co.

18. Funeral director Leon W. Henry

Address Easton Md

19. Mar 29 1948 Josephason
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1948 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to Mar 25 1948
and that I last saw him alive on Mar 24 1948

Immediate cause of death _____ DURATION _____

Pulmonary Embolism plus

Due to Arterio Sclerotic Impair

Due to left heart failure

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Hall M. D. or other _____

Address Easton Md Date signed 3-27-48

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03123

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOT.City or town EASTON Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For born infants give residence of mother)

State Md. County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MARY CATHERINE CORKRAN.

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) MARCH 14, 18578. AGE: Years 91 Months 17 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace HARLOCK Md.
(Town, county, and state)10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JOHN ORNETT.13. Birthplace Duchester Co. Harlock Md.14. Maiden name Unknown

15. Birthplace _____

16. Informant Miss Ollie McGeeAddress Easton Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof April 3, 1948
(month) (day) (year)Cemetery or crematory Spring HillLocation Easton Talbot Md.18. Funeral director Carl W. StaffordAddress Easton Md.4/1 48 R.H. Neenan

(Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1948 at 8 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1948 to Mar 31 1948
and that I last saw her alive on Mar 31 1948

Immediate cause of death _____

	DURATION
<u>Arteriosclerotic Heart Disease</u>	<u>year</u>
<u>Arteriosclerosis</u>	<u>years</u>
<u>Hemiplegia</u>	<u>3 mos</u>

Other conditions Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

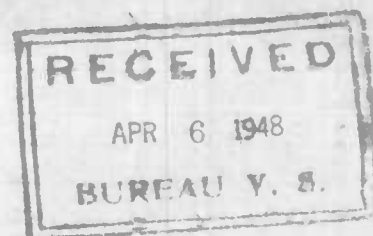
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. M. C. Stevens M. D. or other _____Address Easton Md. Date signed 4-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03124

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Pleasant Valley
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Pleasant Valley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 19. H. D.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Dawson

3. (b) Social Security Number

none

4. Sex M. 5. Color or race Cold 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Sallie Dawson

7. Birth date of deceased (mo., day, yr.) December 25 - 1888
 6.(c) If alive, give age 48 years

8. AGE: Years 60 Months 3 Days 48 It less than one day hrs. min.

9. Birthplace Talbot County
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Ruston Dawson13. Birthplace Talbot County14. Maiden name Mattie Dawson15. Birthplace Talbot County16. Informant Sallie DawsonAddress Pleasant Valley17. Burial Date thereof 3/18/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Easton R.D.Location Chapel Rd.18. Funeral director Leopold HenryAddress 370 South St19. 3/17 19 48 M.R. Neerier

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 19 48 at 12:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h. alive on 19

Immediate cause of death

Generalized arteriosclerosis

Due to

Due to

Other conditions Bilat. amputationslegs mid-thigh

(Include pregnancy within a month of death)

Major findings of operations arter. gangrene

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Louis J. Meltz MD DMSAddress Easton Md Date signed 3-16-48

M. D. or other

RECEIVED

MAR 22 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03125

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Mrs Lucy Evans

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mr Joseph Evans

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 23, 18978. AGE: Years 50 Months 6 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Talbot County
(Town, county, and state)10. Usual occupation factory work

11. Industry or business

12. Name Mr Charles Seymour13. Birthplace St. Michaels Md.14. Maiden name Jennie Seymour15. Birthplace St Michaels Md.16. Informant Mr Joseph EvansAddress St. Michaels Md17. Burial Date thereof Mar 16, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Advent CemeteryLocation St. Michaels Md18. Funeral director Newman & MorrisonAddress St. Michaels Md19. 3/15 19 48 N.H. Nevers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 48 at 9:22 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-10 19 48 to 3-13 19 48and that I last saw her alive on 3-13-48 19 _____

Immediate cause of death _____ DURATION _____

Coronary Occlusion 1 day

Due to _____

Due to _____

Other conditions Diabetes mellitus ?

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J.B. Cox M.D. M. D. or other _____Address Easton Md Date signed 3/14/48

RECEIVED

MAR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03126

Reg. Dist. No. 272

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Kennedysville, Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr James Fogwell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs Betty Fogwell

7. Birth date of

deceased (mo., day, yr.)

Oct 10, 1923

6. (c) If alive, give age _____ years

8. AGE:

Years

24

Months

Days

If less than one day

hrs. min.

9. Birthplace

1 Kennedysville Md

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Truck Driver

12. Name

James Fogwell

13. Birthplace

Kennedysville Md

14. Maiden name

Edith M. Cannon

15. Birthplace

Kennedysville Md

16. Informant

Mr James Fogwell

Address

Kennedysville Md

17. (Burial, cremation, or removal) Which?

BuriedDate thereof 4/2/48

(month) (day) (year)

Cemetery or crematory

Still Pond Md

Location

Still Pond Md

18. Funeral director

Wm. H. Williams

Address

Chattanooga, Maryland19. 4/1

(Date rec'd by registrar)

19. 48

(Year)

N.H. Neer

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 31 19 48 at 8:31 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 hrs 19 48 to 31 hrs 19 48and that I last saw him alive on 3 hrs 19 48

Immediate cause of death

Chronic & heart failure

DURATION

4 days

Due to

acute myocardialinfarction

Other conditions

Chronic bronchitispoisoning - with previous -

(Include pregnancy within 3 months of death)

Death was not a result of poisoning [4/24/48 obs.]

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/21/48

Where did injury occur? Chatt (City or town) Pa. (County) (State)

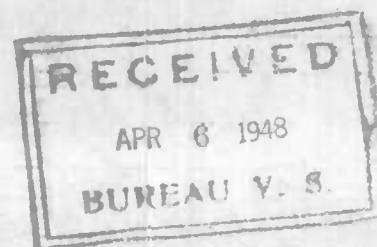
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. H. Williams M.D.Address Chattanooga, Maryland Date signed 3 hrs 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Salbot
 City or town Royal Oak Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Salbot
 City or town Royal Oak Rural MD
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mildred Galloway

7. Birth date of deceased (mo., day, yr.) Mar 27 1875 8. (c) If alive, give age 54 years

8. AGE: Years 77 Months 3 Days 18 hrs. _____ min. _____

9. Birthplace Detroit Rural Michigan
 (Town, county, and state)

10. Usual occupation Retired M. & O. Civil11. Industry or business Retired12. Name Mildred Galloway13. Birthplace Chicago, Illinois14. Maiden name Eugene Galloway15. Birthplace Dunbar, Scotland16. Informant Mrs. Mildred GallowayAddress Royal Oak, MD17. Cremation Date thereof Mar 15 48

(Burial, cremation, or removal, if right?) (month) (day) (year)

Cemetery or crematory Fort Lincoln CemeteryLocation Wheaton, MD18. Funeral director John R. WilliamsAddress Easton MD19. 3/17 19 48 M. D. Nevers

(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16 48 at 9:58 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Chronic myocarditis years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Louis P. Wheat, MD DME M. D. or otherAddress Easton MD Date signed 3-16-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Eleanor C. Goldsboro

3. (b) Social Security Number

None

4. Sex Female 5. Color or type white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Shirley Goldsboro
7. Birth date of deceased (mo., day, yr.) Dec. 8, 1861 6.(c) If alive, give age _____ years

8. AGE: Years 86 Months 3 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge (Rural) Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business John Cook

12. Name Dorchester Co. Md.

13. Birthplace Martha Seecombe

14. Maiden name Dorchester Co.

15. Birthplace Otha Curtis

16. Informant Oxford Md.

Address 3/23/48

17. Burial Date thereof (month) (day) (year)

Cemetery or crematory Springhill

Location Easton Md.

18. Funeral director Marion E. Pearson Son

Address Easton Md.

19. March 20 1948 Registrar J. J. Parsons

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 48 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 19 47 to March 20 19 48

and that I last saw him alive on March 19 19 48

Immediate cause of death _____ DURATION _____

Pneumonia 3 days

Due to flu 1 week

Due to _____

Other conditions Chronic Myocarditis 4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

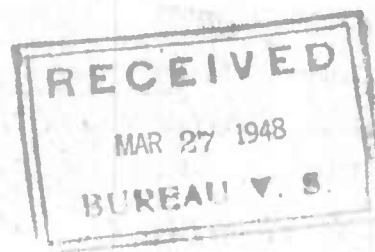
23. SIGNATURE Marion E. Pearson M. D. or other _____

Address Easton Md. Date signed 3-20-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03129

Reg. Dist. No. 291

1. PLACE OF DEATH:

County TalbotCity or town St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward Hammond

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Elizabeth Hammond7. Birth date of deceased (mo., day, yr.) June 20, 1868 6.(c) If alive, give age _____ years8. AGE: Years 80 Months 09 Days 6 If less than one day _____ hrs. _____ min.9. Birthplace Royal Oak, Md.
(Town, county, and state)10. Usual occupation Farm Work

11. Industry or business

FATHER 12. Name George Hammond13. Birthplace Royal Oak, Md.MOTHER 14. Maiden name Elizabeth Thomas15. Birthplace Bellvue, Md.16. Informant Maggie Lee FieldsAddress St. Michaels, Md.17. Burial Date thereof Mar. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ColonialLocation St. Michaels, Md.18. Funeral director Norman D. MarshallAddress St. Michaels, Md.19. Md. 10 1948 Mar. 15, 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1948 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15, 1946 to Mar 1948and that I last saw him 1m alive on 3.12.48 1948Immediate cause of death Acute UremiaDue to Arteriosclerotic NephritisOther conditions Generalized Arterio
sclerosis
(Include pregnancy within 3 months of death)Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or otherSt. Michaels, Md Date signed _____DURATION
History of 2 yrs.

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03130

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
 How long in hospital or institution? 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Sophie Henderson.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed.

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Would not give this information

8. AGE: Years 75 Months ? Days _____
 If less than one day _____ hrs. _____ min.

9. Birthplace London, England
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name George Henderson

13. Birthplace England

14. Maiden name Clouyne Rhodes

15. Birthplace South America

16. Informant Mr. John Henderson

Address 13 Causey St.

17. Cambridge, Mass. Date thereof 3/22/48

(Burial, cremation, or removal, which?) _____ (month) (day) (year)

Cemetery or crematorium Woodlands

Location Philadelphia Pa.

18. Funeral director Edw. J. Harris

Address Easton, Md.

19. 3/20 19 48 N. H. Neemer
 (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 19 48 at 7:38 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 46 to 19 48
 and that I last saw him alive on 19 48

Immediate cause of death Cerebral aneurysm of the parietal
 DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. H. Harris M.D.

Address Easton, Md. Date signed 19 48

RECEIVED

MAR 30 1948

BUREAU V. S.

Evidence for addition
of sex, age & color and
change of ~~sex~~ age
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

51d

03131

CERTIFICATE OF DEATH

Reg. Dist. No. 298

FILE NO. G 114 MAR 23 1948

1. PLACE OF DEATH:

County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Emory Jones

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Margaret Jones

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1897 6. (c) If alive, give age 35 years

8. AGE: Years 50 Months 07 Days 8 It less than one day hrs. min.

9. Birthplace Trappe Talbot Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name John W. Jones

13. Birthplace Trappe Md.

14. Maiden name Rose Nichols

15. Birthplace Trappe Md.

16. Informant Miss Nina Jones

Address Trappe Md.

17. Burial Date thereof 3/16/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Springhill

Location Easton Md.

18. Funeral director Marion E. Keweenaw

Address Easton Md.

19. March 16 - 1948 Registrar Joylark
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)
State Maryland County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1947 to March 1948 and that I last saw him alive on March 14 1948

Immediate cause of death leucemia of the penis with metastasis to the glands of the neck DURATION 15 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William S. Seymour M. D. or other

Address Trappe Md. Date signed 3/16/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03132

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Chesapeake Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lydia E. Rednum

3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Daniel R. Rednum7. Birth date of deceased (mo., day, yr.) 2-16-1861 6. (c) If alive, give age _____ years8. AGE: Years 86 Months 6 Days 4 If less than one day _____ hrs. _____ min.9. Birthplace Chesapeake Talbot Co. Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business none12. Name Washington Gibson13. Birthplace Chesapeake Md.14. Maiden name Rebecca Gibson15. Birthplace Federalburg Md.16. Informant Howard RednumAddress Chesapeake Md.17. Burial Date thereof 3-22-48
(Burial, cremation, or removal. Which? (month) (day) (year))Cemetery or crematorium Chesapeake M.E.Location Chesapeake Md.18. Funeral director J. R. MooreAddress Chesapeake Md.19. 3/2 19 48 G. F. Jackson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH march 20 19 48 at 8 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to march 20, 1948 and that I last saw her alive on march 19 19 48Immediate cause of death Cerebral Hemorrhage DURATION 40 hrsDue to arteriosclerosis 1.0 yrs

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings at operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Spencer Reese M. D. or other _____Address Chesapeake Md. Date signed march 20, 1948

MARGIN RESERVED FOR BINDING

S A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03133

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Wye Mills Talbot Co.City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Little4. Sex female 5. Color of face Race 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Thomas Little7. Birth date of deceased (mo., day, yr.) Mar 24, 1902 8. (c) If alive, give age 52 years8. AGE: Years 45 Months 4 Days 4 If less than one day hrs. min.9. Birthplace Grace Hill Md (Town, county, and state)10. Usual occupation Lab11. Industry or business none12. Name John H. Woolfard13. Birthplace md14. Maiden name Don't know15. Birthplace md16. Informant Thomas LittleAddress allman rd 1 nd17. Burial, cremation, or removal. Which? Date thereof Mar 30 1958 (month) (day) (year)Cemetery or crematory Grace Hill ndLocation Grace Hill nd18. Funeral director Levi S. BannisterAddress Cambridge Md19. 3/29 48 T. A. Munn Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County TalbotCity or town Wye Mills (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 19 48 at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 8 19 46 to March 27 19 48and that I last saw h. on alive on January 9 19 48Immediate cause of death Coronary occlusion DURATION suddenDue to hypertension heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

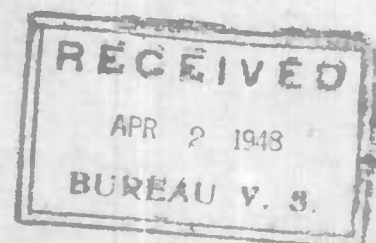
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Karl Lederer M.D.Address Ann Arbor Md M. D. or other 3/29

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 wks - 2 days
 Hospital, institution, or street address where death occurred
Memorial Hosp. Easton, Md.
 How long in hospital or institution? 3 wks - 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Elinor Lomas

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mr. Meritt Lomas

6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 10, 1912

8. AGE: Years 35 Months 8 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge, Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas Robinson

13. Birthplace Cambridge, Md.

14. Maiden name Altha Gray

15. Birthplace Cambridge, Md.

16. Informant Mr. Meritt Lomas
 Address Easton, Md.

17. Burial Date thereof 3/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Spring Hill
 Location P.O. Easton, Md.
 18. Funeral director P. Ray, Easton, Md.
 Address _____

19. 3/9 19 48 N. B. Neirin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 48 at 11:57 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46 to 6 hrs. 19 48

and that I last saw him alive on 6 hrs. 19 48

Immediate cause of death Arteriosclerosis

Due to Chronic pyelonephritis (?)

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas Robinson M.D.

Address Easton, Maryland Date signed 8 Mar 48

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03135

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Ralph E. Lovett

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widower
6.(b) Name of husband or wife Emily Lovett 6.(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Sept. 19, 1866
8. AGE: Years 81 Months 5 Days 22 If less than one day hrs. min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Retired grainer

11. Industry or business

12. Name Joseph Lovett

13. Birthplace England

14. Maiden name Nancy Lovett

15. Birthplace England

16. Informant Mrs. John Harrison

Address Bozman, Md.

17. Burial Date thereof March 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Bozman

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Mar. 14 48 Mrs. Robt. L. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1948 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1 to 3-12 and that I last saw him alive on March 12

Immediate cause of death Cancer of prostate

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Bredford M. D. or other

Address Bozman, Md. Date signed 3-13-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 16 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

03136

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: Talbot
County Talbot
City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Talbot
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Elizabeth May

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife John J. May
7. Birth date of deceased (mo., day, yr.) 11-3-1867 6. (c) If alive, give age years

8. AGE: Years 80 Months 4 Days 14 If less than one day hrs. min.

9. Birthplace Poplar Grove, Talbot, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business own home

12. Name John J. Harrison

13. Birthplace Poplar Grove, Md.

14. Maiden name Delia J. Cooney

15. Birthplace Wisconsin Co. Md.

16. Informant Mrs. Helen Pettigrew

Address Talbot, Md.

17. Burial, cremation, or removal, Which? 3, 1948
(month) (day) (year)

Cemetery or crematory Talbot M. E.

Location Talbot, Md.

18. Funeral director J. R. M. M. M.

Address Talbot, Md.

3-78 48 J. Harrison

19. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1948, at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1948, March 17 1948, and that I last saw him alive on March 16 1948.

Immediate cause of death Cerebral Hemorrhage 48 hrs

Due to arteriosclerosis 10 yrs

Due to

Other conditions influenza 6 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. M. M. M.

Address Talbot, Md. Date signed March 18 1948

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

290

1. PLACE OF DEATH:

County CalvertCity or town Cordova, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Cordova
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

BYNARD HENRY MESSIX.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1865 (1865) 6. (c) If alive, give age _____ years8. AGE: Years 83 Months 1 Days 11 If less than one day _____ hrs. _____ min.9. Birthplace State Delaware
(Town, county, and state)10. Usual occupation retired farmer

11. Industry or business

12. Name Bernard H. Messix13. Birthplace Delaware14. Maiden name Mary Cahill15. Birthplace Delaware16. Informant Harry MessixAddress Cordova, Md.17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Mar. 8, 1948
(month) (day) (year)Cemetery or crematory St. Joseph CemeteryLocation Cordova Talbot Co. Md.18. Funeral director Carl W. HaffordAddress Curtin Md.19. 3/8 48 N. H. Neenan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1948 at 6:55 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26, 1945 to Mar. 5, 1948
end that I last saw him alive on Mar. 3, 1948Immediate cause of death Chronic hypoxiaDue to Chronic hypoxiaDue to Chronic hypoxia

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

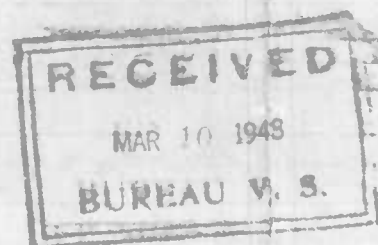
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. J. Westhouse M. D. or other _____Address Wintersville, Ind. Date signed 3/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03138

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Rural Oakton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Talbot
 City or town Rural Oakton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Arvey Dwight Miller
 4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

6. (b) Name of husband or wife Nina Shirley Miller
 7. Birth date of deceased (mo., day, yr.) March 7, 1883
 8. AGE: Years 64 Months 11 Days 27 If less than one day
 9. Birthplace Oakland, Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

12. Name William Edwin Miller
 13. Birthplace Md.
 14. Maiden name North Thompson
 15. Birthplace Md.

16. Informant Mr. A. D. Miller
 Address London, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof March 6, 1948
 (month) (day) (year)
 Cemetery or crematory Freemans
 Location Rural Oakton Md

18. Funeral director Edwin Carr
 Address Easton, Md.

19. 3/6 19 48 N.A. Neerues
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 48 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 19 30, to March 4 19 48
 and that I last saw him alive on March 3 19 48

Immediate cause of death Eden carcinoma testicle
 DURATION 14 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Trotter M.D. M. D. or other

Address Easton Md Date signed 3/4/48

RECEIVED

MAR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 1/2 hrs
 Hospital, institution, or street address where death occurred:
Memorial Hosp. Easton, Md.
 How long in hospital or institution? 23 1/2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Neaott, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr John Mortimer

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 25, 1885
 8. AGE: Year 62 Months 5 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Neaott, Md
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name James E. Mortimer
 13. Birthplace Baltimore, Md
 14. Maiden name Sally Camp
 15. Birthplace Neaott, Md

16. Informant Mr. Randolph Mortimer
 Address Burial

17. (Burial, cremation, or removal. Which?) Burial Date thereof Mar. 9, 1948
 (month) (day) (year)

Cemetery or crematory Cemetery
 Location Neaott, Md.

18. Funeral director Newman & Newman
 Address St. Michaels, Md

19. 3/8 19 48 N.D. Neerue
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 48 at 7:05 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 hrs 19 48 to 6 hrs 19 48
 and that I last saw him alive on 5 hrs 19 48
 Immediate cause of death Cardiac failure

Due to Arterio-sclerotic heart disease ?
 Due to _____ ?
 Other conditions hypertension ?
 (Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Thos H. Harrison M.D.
Easton, Maryland M. D. or other _____
 Address _____ Date signed 8 hrs 48

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03140 Ross.

Reg. Dist. No. 292

1. PLACE OF DEATH:

County TalbotCity or town Trappe Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Marion M. Pypen4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife David Pypen6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) May 29 18688. AGE: Years 79 Months 9 Days 14 It less than one day

hrs. min.

9. Birthplace Talbot Co.

(Town, county, and state)

10. Usual occupation Farmer's wife11. Industry or business George Jones12. Name Talbot Co.13. Birthplace Elizabeth McGuinness14. Maiden name Talbot Co.15. Birthplace Mrs. Bernard Callahan16. Informant Easton Md.Address Easton Md.17. Burial (Burial, cremation, or removal, Which?) Spring HillDate thereof 3/15/48

(month) (day) (year)

Cemetery or crematory Easton Md.Location Maurice E. Newman18. Funeral director Easton Md.Address Easton Md.19. Mar 13 1948

(Date rec'd by registrar)

Jose Platon

Registral

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Trappe
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/48 at 3A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11 1947 to Feb. 17 1948and that I last saw him alive on Feb. 9 1948Immediate cause of death Cerebral hemorrhageDue to ArteriosclerosisDue to Diabetes mellitusOther conditions

(Include pregnancy within 3 months of death)

Major findings of operations Autopsy results

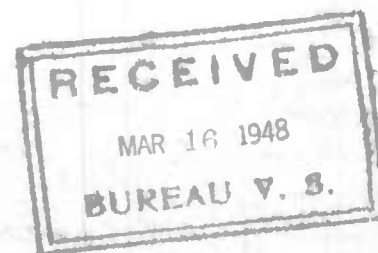
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Jose PlatonAddress Trappe Md.Date signed 3/13/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

03141

Reg. Dist. No. 291

1. PLACE OF DEATH:

County.....Talbot

City or town.....St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Talbot

City or town.....St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Spedden O. Seymour

3.(b) Social Security Number

None

4. Sex.....male

5. Color or race.....white

6.(a) Single, married, widowed, or divorced.....single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....Jan 2, 1875

6.(c) If alive, give age..... years

8. AGE: Years.....73 Months.....2 Days.....17 If less than one day.....hrs.min.

9. Birthplace.....St. Michaels, Talbot Co. Md.
(Town, county, and state)

10. Usual occupation.....Contractor

11. Industry or business.....

12. Name.....George W. Seymour

13. Birthplace.....St. Michaels, Md.

14. Maiden name.....Ida V. Harrison

15. Birthplace.....St. Michaels, Md.

16. Informant.....Mrs. Ruth Williams,

Address.....129 11th. St. Washington, D.C.

17. Burial Date thereof.....march 22 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Olivet Cemetery

Location.....St. Michaels, Maryland.

18. Funeral director.....Newnam & Harrison

Address.....St. Michaels, Md.

19. 4th. 20. 48 Mrs. R. L. Luf Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....MARCH 18 1948 at 7:15P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
FEBRUARY 18 1948 to MAR. 18 1948
and that I last saw him alive on MARCH 18 1948Immediate cause of death.....
CEREBRAL HEMORRHAGE DURATION 1 mo.

Due to.....Hypertensive cardio-vascular disease ?

Due to.....ARTERIOSCLEROSIS - GENERALIZED ?

Other conditions.....HYPOSTATIC PNEUMONIA 4 days.
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....Arthur V. Michael, M.D. or other

Address.....St. Michaels, Md. Date signed.....3-18-48

RECEIVED

MAR 23 1948

BUREAU-V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03142

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Delaware
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 1/2 hrs.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 6 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex
 City or town Bridgetown Delaware
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Robert Simms

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

mBSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 18, 1948
 6. (c) If alive, give age _____ years

8. AGE: Years Months Days It less than one day
7 4 Bda _____ hrs. _____ min.

9. Birthplace Federalburg Md
 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Moses Irving
 13. Birthplace Jamaca, J.
 MOTHER 14. Maiden name Ellie Simms
 15. Birthplace Fed. Md

16. Informant Moses Irving
 Address Bridgetown Delaware
 17. Burial Date thereof 3/24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Federal Hill
Federalburg Md
 Location _____

18. Funeral director J. J. Fraughton's Son
 Address Federalburg, Maryland

19. 3/22 19 48 N. H. Neirin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31- 1948, at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 March 1948, to 21 Mar 1948
 and that I last saw him alive on 21 Mar 1948

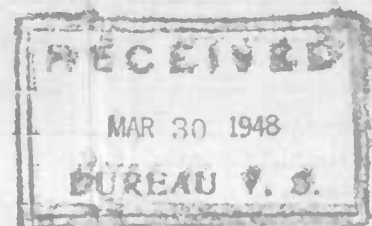
Immediate cause of death Hemorrhage
Hemorrhagic Disease
of Newborn
 DURATION 4 hrs
3 days

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results Not reported
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. T. B. Ambler MD
Easton, Md. M. D. or other _____
 Address _____ Date signed 24/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03143

158

Reg. Dist. No. 291

1. PLACE OF DEATH:

County TalbotCity or town Royal Oak, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months 2 days

Hospital, institution, or street address where death occurred:

off Dup Hook RoadHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Royal Oak, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. off Dup Hook Road
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

James Philip Smith

3. (b) Social Security Number

4. Sex

m

5. Color & race

C

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife -6. (c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.)

Jan 12 1948

8. AGE: 0 Years

Months

2

Days

2

If less than one day

hrs.

min.

9. Birthplace Royal Oak, Talbot Co. Md
(Town, county, and state)10. Usual occupation -11. Industry or business -

FATHER

12. Name

John L. Smith

13. Birthplace

Baltimore, Md

MOTHER

14. Maiden name

Bladys C. Smith

15. Birthplace

Baltimore Md

16. Informant

Address

Royal Oak Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Mar. 16, 1948
(month) (day) (year)

Cemetery or crematory

at home

Location

Royal Oak, Md

18. Funeral director

Address

John L. Smith
Royal Oak, Md

19. Mar. 15

19. 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 11:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 14 1948 to March 14 1948and that I last saw him alive on 14 March 1948

Immediate cause of death

hemiparesis

DURATION

Due to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury -Injured at work? -

23. SIGNATURE

Dr. Perkins, MD

M. D. or other

Address Royal Oak Md Date signed 3/15-48

RECEIVED

MAR 16 1948

'BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert Co.
 City or town Eastern Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Mary Stokes

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept 20, 1880
 8. AGE: Years 67 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Md.
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Mr. Wm. Tyler

13. Birthplace Baltimore Md.

14. Maiden name Elizabeth Wiegshacker

15. Birthplace Baltimore Md.

16. Informant Mrs. Edna Swensen

Address St. Michaels Md.

17. Burial Date thereof 3/9/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Michaels

Location St. Michaels Md.

18. Funeral director Norman D. Marshall

Address St. Michaels

19. 3/8 19 48 N.H. Neerive
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 48 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 19 48 to 7 Mar 19 48

and that I last saw him alive on 7 Mar 19 48

Immediate cause of death Heart failure

Due to arteriosclerosis (2)

Due to hypertension and cardiac - no cancer (3)

Due to depression

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. H. Harrison M.D.

Address Calvert Maryland Date signed 8 Mar 48

RECEIVED

MAR 16 1948

BUREAU V. S.